

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/914454

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		2				
5		2				
6		2				
7		2				
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22		2				
23	1					
24		3				
25		3				
26		3				
27	1					
28		1				
29		1				
30		1				
31		1				
32		1				
33		2				
34		2				
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40		2				
41		2				
42		2				
43						
44	1					
45						
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47						
48						
49						
50						
TOTAL	3					
TOTAL	43					
TOTAL	46					
TOTAL						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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